

HAYWARD POLICE DEPARTMENT Volunteer Application (Please complete both pages)



NAME			Tima!			N A : al al a			
Last			First			Middle			
ADDRESS Number Street		Apt. #	City			Zip			
TELEPHONE: Work: ()	Home: ()						
U.S. CITIZEN: DO YOU		RIVER'S LICENSE							
(Y / N) DRIVE? (Y		No. & State							
SECOND LANGUAGE? Specify					Speak	Read/\	Nrite		
EMPLOYED? OCCUPA (Y / N) type of work					opoun [TROCCE	77110		
				НО	W MAN	Y YEARS?			
LAST EMPLOYER: Name:				Phone:	()			
ADDRESS:				НО	W MAN	Y YEARS?			
PREVIOUS VOLUNTEER WORK:									
HOBBIES / SPECIAL INTERESTS:									
SPECIAL SKILLS (Typing, computers, telephones, public contact, etc.)									

VOLUNTEER APPLICATION (continued)

REFERENCES (Include current address and phone number)			
1. Name:	Daytime Phone:	()	
Address:			
Address.	Daytime		
2. Name:	Phone:	()	
Address:			
2 Name	Daytime	(
3. Name:	Phone:		
Address:			
Have you since age 18 been convicted of a misdemeanor or a felony?	Oo not include traffic		
citations. A fingerprint check will be made. A "yes" answer will not autor	matically disqualify you.		
Yes No			
If yes, please explain below:			
Signature:	Date		
- Signaturo.		•	